

WASHINGTON COUNTY BOARD OF COUNTY COMMISSIONERS
Citizen Incident Report
Please PRINT - Fill out Page 1 - Please PRINT

Name _____ Age _____ Sex: M F
Address _____ City _____ State _____
Phone _____

Parent or Guardian Contact Info:

Name _____ Age _____ Sex: M F
Address _____ City _____ State _____
Phone _____

Details of the Incident:

Date: _____ Time: _____

Specific Location/Address:

Specific Description of the exact location at this address (i.e. sidewalk on east side of parking lot):

Written description of the incident (in your own words):

Florida Statute 837.06 - False official statements.— Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Signature

Date signed

Page 2 of 2
County Agency Statement

Employee's statement of the event, name and work phone number

Employee's statement of the event, name and work phone number

Police or Emergency Personnel Responded: Yes No

Responding Agency & Case number _____

Attach the following documents, if relevant and available

- Photos
- Quote/estimate/medical bills/repair receipt
- Maintenance records/work orders on incident location
- Signed waivers
- Pictures of posted warning signs
- Description of conditions at the time of the event

Other information you may think is helpful. Please fill this out today while your memory of the event is fresh! It's better to have an event documented and never need it, then to need it and not have it.

Send these statements ASAP to: Human Resources (850) 415-5151 – T ; (850) 415-5152 - F
hfinch@washingtonfl.com